

PROVIDER: _____ UNIT/ OPFAC: _____ DATE: _____

RANK/GRADE: _____ SSN: _____ CATEGORY (circle): CG PHS CIV DOD AUX

REQUEST OF CLINICAL PRIVILEGES (CG-5575A)

PHYSICIAN ASSISTANT / FAMILY NURSE PRACTITIONER

REQUIRED PRIMARY CARE CORE PRIVILEGES

DIAGNOSTIC MANAGEMENT: Provide management of diagnosis and administrative process per acceptable standards of medical practice in the following:

- Take, evaluate, record medical history, and perform physical examinations to include occupational medicine
- Order appropriate laboratory, radiological, electrocardiograms, and other specialized studies
- Collect specimens for pathological and cytological examinations
- Analyze and interpret data, formulate diagnosis and establish plans for the management of health care
- Treat routine, acute, and chronic medical problems within scope of competence and exercised clinical judgment
- Prescribe medications as determined by the Medical Manual and local clinic/MTF policy
- Counsel patients on medical problems, use of medications, and expected effects of therapeutic interventions
- Initiate consultation request to specialists and other appropriate health professionals
- Initiate fitness for duty determinations to include medical boards
- Perform health maintenance for well patients including administering / supervising immunizations
- Educate patients on family planning, safe sexual practices, wellness, cancer/disease prevention, and safety issues
- Provide assistance as a Designated Medical Officer Adviser and Designated Supervising Medical Officer

MEDICAL MANAGEMENT: Provide initial and subsequent evaluations; establish working diagnosis, treatment, and case management per accepted treatment and management standards of care in the following Family Practice/Primary care conditions:

Otorhinolaryngology problems	Cardiovascular problems	Rheumatology problems	Urgent medical problems (BLS)
Ophthalmologic problems	Gastrointestinal problems	Dermatology problems	Well child care (>2 yrs)
Musculoskeletal problems	Genitourinary problems	Neurological problems	Pediatric problems (>2 yrs)
Respiratory problems	Gynecologic problems	Hematological problems	
Endocrinology problems	Infectious diseases	Psychiatric/behavioral problems	

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CLINICAL PRIVILEGES – PHYSICIAN ASSISTANT & FAMILY NURSE PRACTITIONER (continued)

CLINICAL PROCEDURES: Perform clinical procedures per accepted standards of medical practice and local policy in the following:			
Aspiration/injection of joints/cysts	Laceration repair/anesthesia	Proctoscopy	Vaginal diaphragm fitting
Biopsy; shave, punch, excision	Laryngoscopy, indirect	Provider performed microscopy	Venipuncture, peripheral
Foreign body removal (simple)	Lavage; Cannulation/gastric	Radiographic interpretation (initial)	Wound management
Fracture/dislocation mgm (simple)	Ocular trauma mgm (simple)	Slit lamp examination	
Incision & drainage of abscess	Pelvic exams/PAP smear	Thrombosed hemorrhoid mgm	
Intravenous therapy/hydration	Physical examination prelims	Toenail removal	

SUPPLEMENTAL PRIVILEGES

* <u>SUPPLEMENTAL PRIVILEGES</u> (Original Initials Required)	PA/NP	SMO Recommendation		MLC Recommendation		WK Action	
	Requesting	Approval	Disapproval	Approval	Disapproval	Approved	Disapproved
Advanced Cardiac Life Support	_____	_____	_____	_____	_____	_____	_____
Basic Trauma Life Support	_____	_____	_____	_____	_____	_____	_____
Pediatric Advanced Life Support	_____	_____	_____	_____	_____	_____	_____
Aviation Physician Assistant	_____	_____	_____	_____	_____	_____	_____
Combat Casualty Care	_____	_____	_____	_____	_____	_____	_____
IUD insertion/removal	_____	_____	_____	_____	_____	_____	_____
Norplant insertion/removal	_____	_____	_____	_____	_____	_____	_____
Prenatal care (routine)	_____	_____	_____	_____	_____	_____	_____
Well-baby care < 2-y/o	_____	_____	_____	_____	_____	_____	_____
Others: _____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
[] Check box if NO additional privileges required							

SUPERVISING PHYSICIAN'S ADDITIONAL RECOMMENDATIONS/RESTRICTIONS:

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*** Providers requesting supplemental clinical privileges will be required to submit additional information supporting training and education.

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CLINICAL PRIVILEGES – PHYSICIAN ASSISTANT & FAMILY NURSE PRACTITIONER (continued)

REVIEW AND SIGNATURES

PA/NP REQUESTING
PRIVILEGES: _____

DATE: _____

SUPERVISING PHYSICIAN: _____

DATE: _____

CHIEF, HEALTH SERVICES DIVISION: _____

DATE: _____

MAINTENANCE AND LOGISTICS COMMAND (K) : _____

DATE: _____

COMMENTS: _____

CHAIRPERSON, PROFESSIONAL REVIEW COMMITTEE

SIGNATURE: _____ DATE: _____

DIRECTOR OF HEALTH AND SAFETY

SIGNATURE: _____ DATE: _____